v\*U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 61 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Thomas B PANETTO TO	Name Carpenter's Local 25		
	Labor Organization File Number 541-429		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2350 Santa Rita Rd.	Street 1180 North Union Rd.		
City Pleasanton	City Mantece		
State Co ZIP Code + 4 94566	State Ca (-9. ZIP Code + 4 95336		
5. Position in labor organization.  Conductor			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or ometary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	Water to a rate of an antiferior desirable for the control of the		
Street	7.b. Amount.		
Sileet			
City	And the second of the second o		
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8/5/05 925-462-9644  Telephone Number			

Name of Person Filing Thomas B. Pagetta	Jr.	File Number U-4546 - 3291		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:	7-		
Name Canp. Training Committee	a. Labor Organiza	ation		
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 2350 Santa Rita Rd.  City Pleasanton				
State Cal; £ ZIP Code + 4 94566				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name Carp. Train. Trust Fund of No. Ca.		9 Committee provides		
Trade Name, if any:	apprentice 2	fourt manual in los 10.		
P.O. Box, Bldg., Room No., if any		6		
Street 265 Hegenberger Rd. St. 100	11.b. Approximate dollar valu	ie of such dealing.		
City Oakland	12.a. Nature of interest held			
State	Jam an em my total reimburse	player of the CTC wages, benefits & ments was \$48,085.90		
	12.b. Amount.	48,085,98		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)			
	14.a. Nature of payment.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).				
Name		-		
Trade Name, if any:		Other of the state		
P.O. Box, Bldg., Room No., if any	THE COLUMN TO TH	Amount of the second of the se		
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Special contribution of the major of the special of		